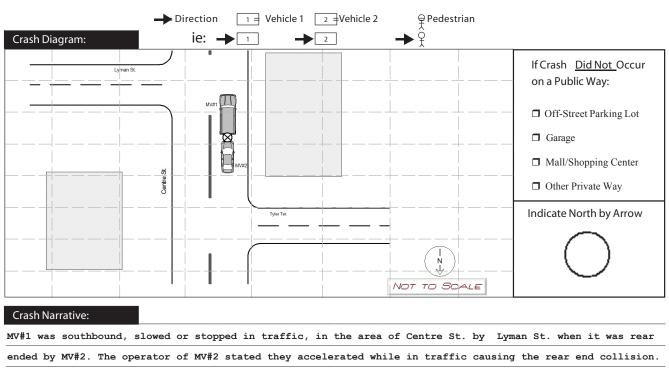
	Poli	ice Use Only		Commonw	ealth	of Ma	ssacl	huse	etts			RM	V Doci	ument	Number	
	Date of Crash 04/27/2022	Time of Crash 12:49 24HR	NEWTON	14100		hicle C Repor		Nu Vel 2	mber hicles	Number Injure	Lati	ed Limitude _		Sta Lo M Ot	ate Police ocal Police BTA Police ther:	N N
			RSECTION:	<		TION	>			NO		INT		ECTI	ON:	\neg \vdash
		CENTR	RE ST													2
1 1	Route# Direc			f Roadway/Street		Route# Di	rection	Addres	s #		Na	ame of I	Roadwa	ıy/Stre	et	
_	Route# Direction Name of Intersecting Roadway/Street					Feet NSEW of or									_ 2	
						Mile Marker Exit Number									tit Number	_
Also at Intersection				rsection with	on with			Feet N S E W of Route# Intersecting Roadway/Street						//Street	-	
2 1	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of										
3						Landmark										\dashv
	Wehicle 1 _1_#Occupants											_				
	License#	License# St MA DOB/Age					Reg # 987PV9 Reg Type PAN Reg State MA									_
	Sex_M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment				Veh	Veh Year 2021 Veh Make AUDI Veh Config. 20										
4 1		Operator KANSTROOM DANIEL Last First Middle				er (Same as	operator Last	:)		First			Mide	dle		- 1
		Address 12 NORFOLK RD				Address										
	City ARLINGTON State MA Zip 02476				City	City State Zip										
[-			RCE INSURANC			Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to The							e Up to Thre	;e)		
5 2	Vehicle Travel	Direction: N	X E W Res	ponding to Emergency?	Even	t Sequence	1 22	22	22	22 2		3		(4)	10 Un dancam	iona
	``	ssued)				Harmful Eve	ent 1		24	24	←	9			10 Undercarr 11 Totaled	lage
⁶ 1	1			n 2: ChSec		er Contributin	g Code	25		8		<u> </u>	\mathcal{L}	⁾		
1	Violation 3: ChSec Violation 4: ChSec					Underride/Override Towed N										
	Please fill out for operator and all occupants involved Name (Last First Middle) Address				Age/DOB Sex Pos. System Status Switch Code Code Status Code					33 Fransp. Code	Medical Facili	1 1				
	Operator			See Above					99	4 99	0	0	10	1		
⁷ 3	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupar	Non-Motorist A	Туре	14 Action	15 I	Location		Cone	lition	17		Hit/Ru	n Mop	ed
	License#		St N		Reg #	Reg # <u>3MXP99</u> Reg Type <u>P</u>					pe_PA					_
	Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL				Veh	Veh Year 2011 Veh Make HONDA Veh Config. 20										
8 1		Operator PUORRO ALLISON KATHERINE Last First Middle Middle			Own	Owner (Same as operator) Last First Middle										-
	Address 353 EAST ST (apt. 1)					Address									-	
	City WRENTHAM State MA Zip 02093				City	City State Zip									-	
	Insurance Company_PROGRESSIVE				Vehic	Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									e)	
	Vehicle Travel Direction: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$				<u> </u>	Event Sequence 1 22 22 22 22 3 4								iona		
	Citation # (If Issued) Violation 1: ChSec Violation 2: ChSec					Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 19 24 24 7 6										lage
1	Violatio	_ Unde	Underride/Override Towed Y								_					
	Pl Name (Last Fi		operator and al	l occupants involved Address		Age/D0	OB Sea		27 Safety 2 System	28 Airbag Air Status Sw	ag Ejec itch Co	O 31 Trap de Code	32 Injury 1 Status	Transp. Code	Medical Facil	lity
	Operator/	Non-Motorist		See Above					99	4 99	0	0	10	1		_
											\perp					
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MV#1 sustained damage to its rear bumper, while MV#2 sustained heavy damage to its front end. All damage consistent with a rear end collision. No injuries reported, MV#1 was drive from scene, while MV#2 was towed by private tow. Witnesses: Name (Last, First, Middle) Address Phone # Statement **Property Damage:** Owner (Last, First, Middle) Address Phone # 34-Type **Description of Damaged Property** Truck and Bus Information: Registration # (From Vehicle Section) 35 Carrier Name_ ___ Carrier Issuing Authority Code Address_ US DOT #: State Number ___ Issuing State ____ ICC #:___ Cargo Body Type Code Gross Vehicle Weight Reg Type_____ Reg State _____ Reg Year____ Trailer Length Trailer Reg #: Hazmat Information: Material Name_____ Material 4 digit # _____ Release code Placard Material 1 digit

DANIEL SOHN			NEWTON POLICE DEPARTS		04/27/2022		
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date		